

STATE OF TENNESSEE  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
Division of Employment Security  
Appeals Operations  
500 James Robertson Parkway, Suite 780  
Nashville TN 37245-0600



Telephone: (615) 741-1857  
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**Notice of Appeal**

Claimant's Social Security Number \_\_\_\_\_

Claimant's Name \_\_\_\_\_ Employer's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Claimant's Telephone \_\_\_\_\_ Employer's Telephone \_\_\_\_\_

I am the: ☐ claimant ☐ employer.

I am appealing the:

☐ Agency decision dated \_\_\_\_\_ to the Appeals Tribunal.

☐ Appeals Tribunal decision dated \_\_\_\_\_ to the Board of Review.

I believe the decision was incorrect because \_\_\_\_\_

I request a hearing: ☐ in person ☐ by telephone.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

*(if employer)*